

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; text-align: center; margin-top: 5px;">50280</div>	FILING DATE <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>					
APPLICANT(S) <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		4				
2							52		4				
3		1					53		4				
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		208					TOTAL DEP.						
TOTAL CLAIMS		209					TOTAL CLAIMS						